

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105
Co. Registrar No. 97
Local Registrar No. _____

No. _____ St. _____ Ward) _____
City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Villere } If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth Feb. 8-1923. (Month, day, year)

8. Full name of FATHER Guadalupe Villere
9. Residence (Usual place of abode) Miami, Ariz. If nonresident, give place and State
10. Color or race Mex
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Sinaloa (State or country) Mex
13. Occupation Miner Nature of Industry

14. Full maiden name of MOTHER Juana Lopez
15. Residence (Usual place of abode) Miami, Ariz. If nonresident, give place and State
16. Color or race Mex 17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Sinaloa (State or country) Mex
19. Occupation Housewife Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) 4 (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 6 P. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Brown M.D. (Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report _____ (Month, day, year)

Filed Feb 28, 1923 Charles E. Dwin Local Registrar.
Filed 3/3, 1923 B. G. J. at County Registrar.

Registrar. 153-204-139